



Workers' Compensation

MEDICAL BILLING

MEDICAL BILLING – PRIOR AUTHORIZATION

NRS 616C.157 - An Insurer, organization for managed care or third-party administrator shall respond to a written request for prior authorization for treatment, diagnostic testing, or consultation, within 5 working days after receiving the written request.

NAC 616C.129 - The treating physician or chiropractor must request written authorization from the insurer before ordering or performing any service with an estimated billed amount of \$200 or more for:

- consultation
- diagnostic testing
- elective hospitalization
- any surgery which is to be performed under circumstances other than an emergency, or any elective procedure

NAC 616C.143 discusses out-of-state treatment

MEDICAL BILLING – LAWS & REGULATIONS

NRS 616C.125 Insurer may contract with suppliers for provision of services and goods to injured employees

NRS 616C.135 Liability of Insurer for payment of charges for treatment related to industrial injury

NRS 616C.136 Action by insurer on bill from provider of health care; payment of interest; request for additional information; compliance with requirements

NRS.616C.137 Denial of payment for unrelated services

NRS 616C.138 Payment of provider upon insurers denial of authorization or responsibility

NRS 616C.260 Fees and charges for accident benefits: Restrictions; establishment and revision of schedule; powers and duties of Administrator; penalty for refusal to provide information

NAC 616C.027 Review of reduction or disallowance of bill; appeal; hearing; decision

NAC 616C.126 Treatment of injured employees in cases of severe trauma

NAC 616C.138 Billing for provision of certain supplies and services

NAC 616C.141 Billing: Requirements for programs of treatment billed under certain codes; use of codes; modifications of codes for certain services

NAC 616C.143 Prior written authorization required for consultation or treatment provided outside State; emergency treatment outside State

NAC 616C.145 Relative Values for Physicians: Adoption by reference; modifications; maximum unit values; initial evaluation; special reports

NAC 616C.146 Relative Value Guide of the American Society of Anesthesiologists: Adoption by reference; modifications; conversion factor; payments; basic anesthetic values

NAC 616C.147 Licensed surgical centers for ambulatory patients

NAC 616C.149 Contents of bill to insurer